

RECEIVED
CENTRAL FAX CENTER

AUG 2 5 2005

Ideas that Change the World

P.O. Box 1663, LC/IP, MS A187 Los Alamos, NM 87545 (505) 667-3766 Fax: (505) 665-4424 FAX TRANSMISSION COVER SHEET

Date: August 25, 2005

To: Response

US Patent and Trademark Office

Phone:

Fax: 571-273-8300

From: Samuel L. Borkowsky

LC/IP

Phone: (505) 665-3111

Fax: (505) 665-4424

Re: 09/859,701

S-94,661

Benjamin P. Warner

Sender: Karen Y. Mikus

YOU SHOULD RECEIVE (10) PAGES, INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL (505) 665-1684.

Comments:

Included in this facsimile transmittal are the following documents for filing in the above-identified patent application:

Response to Office Action dated April 25, 2005.

Fee Payments Authorized: \$ 60.00

IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS ABOVE VIA THE UNITED STATES POSTAL SERVICES. THANK YOU.

UNCLASSIFIED

AUG 2 5 2005

Rev. 12/09/04

FEE TRANSMITTAL FOR FY 2005 Name the are staglet enrantments ☑ Application Number: 09/959,701 Filting Date: 5/16/2001 Filtin						Rev. 12/09/04
Prof. For FY 2005 Paster in the set with the set wit	FEE TRANSMITTAL					
First Named Inventor: Benjamin P. Warner Examiner Name: Deborah A Davis TOTAL AMOUNT OF PAYMENT: \$ 60.00 METHOD OF PAYMENT (check all that apply) 1. © The commissioner is hereby authorized to charge indictated fees and credit any over payments to: Deposit Account Number: 12-2150 Dep						
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT: \$ 60.00 Attomey Docket No.: S-94.661 METHOD OF PAYMENT (theck all that apply) FEE CALCULATION (continued) 1.	· -					
TOTAL AMOUNT OF PAYMENT: \$ 60.00 METHOD OF PAYMENT (check all that apply) 1. ☑ The commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 12-2150 Deposit Acco	<u> </u>					
METHOD OF PAYMENT (check all flast apply) 1. ☑ The commissioner is hereby authorized to charge indicated fless and crotic large and color to the property of			Group/Art Unit:		1641	
1. ☑ The commissioner is hereby authorized to charge indicated fees and credit any over payments to. Deposal Account Number 12-2150. ☑ Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17 1. COMBINED FILING FEE Large Entity Small Entity Fee Fee Fee Description Fee Paid 100+300 2500 200+3150 Resizue Fling fee \$ 1100,000+300 200+3100		Attorney D				
indicated fees and credit any over payments to: Deposit Account Name: Les Alama National Laboratory Changa Any Additional Fee Required Under 37 C.F.R. 1.10 and 1.17 1. COMBINED FILING FEE Large Early Small Entity Fee Pee Fee Fee Fee Fee Fee Fee Fee Fee Fee Pee Fee Pee Fee F	METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)				
1. COMBINED FILING FEE Large Entity Small Entity Fee Fee Fee 1001 3300 2001 \$150 Basic Filing fee \$150.00 1003 \$200 2001 \$150 Basic Filing fee \$150.00 1003 \$200 2001 \$150 Basic Filing fee \$250.00 1003 \$200 2003 \$150 Provisional Filing Fee Paid 1001 \$200 2003 \$100 Provisional Filing Fee Paid 1003 \$1000 2003 \$100 Provisional Filing Fee Paid 1	indicated fees and credit any over payments to: Deposit Account Number: 12-2150 Deposit Account Name: Los Alamos National Laboratory Charge Any Additional Fee Regulred Under	Large Entity Fea Fee Code (5)	Small Entity Fee Fee Code (5)	Fee Descriptio	_	Fee Paid
Large Entry Fee Fe	FEE CALCULATION	1052 \$5	0 2052 \$25 \$	Surcharge – late prov	dslonal filing fe	e or cover sheet
1111 5500 2111 \$250 2211 \$100 Examination Fee \$100.00 200 \$200 200 \$100	Large Entity Small Entity Fee Fee Pee Description Fee Paid	1251 \$12	0 2251 \$60 50 2252 \$225	Extension for reply Extension for reply w	within first mo	onth \$60.00
2. EXTRA CLAIM FEES/APPLICATION SIZE FEE Extra Fee from Fee Paid Claims Below Total Claims -20** = X = \$ Independent -3** = X = \$ Independent -3** = X = \$ Independent X 180 = \$ Item \$130 1460 \$130 1460 \$130 Petition to revive - unavoidable 1463 \$1500 2462 \$250 Petition to revive - unavoidable 152 \$500 2452 \$250 Independent	1004 \$300 2004 \$150 Reissue Filing fee \$ 1111 \$500 2111 \$250 Search Fee \$250.00 1311 \$200 2311 \$100 Examination Fee \$100.00 1005 \$250 2005 \$100 Provisional Filing Fee 1095 \$250 2005 \$125 Provisional Filing Fee	1254 \$156 1255 \$216 1401 \$5 0	00 2254 \$795 00 2255 \$1080 00 2401 \$250	Extension for reply w Extension for reply w Notice of Appeal	rithin fourth mo ithin fifth mont	nth 1
2. EXTRA CLAIM FEES/APPLICATION SIZE FEE Extra Fee from Fee Paid Claims	SUBTOTAL (1) \$ 0.00	1403 \$10	00 2403 \$500			
Extra Fee from Fee Paid Claims Fee from Fee Paid Claims Select Fee from Fee Paid Independent -3 ** = X = \$ 145 \$150 245 \$750 Petition to revive – unintentional February Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	2 EVERA OLA IMPEGALA DEL CARROLLA DEL CARROL	1452 \$50	0 2452 \$250		•	
Total Claims		1814 \$11	0 2814 \$55			
Independent —3 ** = X = \$ 1460 \$130 1460 \$130 Petitions to the Director 1805 \$180 1806 \$180 18	Claims Below	1			inintentional	
Claims Multiple Dependent X 180 = \$ "or number previously paid, if greater, For Reissues, see below Large Small Entity Entity Fee Fee Fee Pee Description 1202 \$50 2201 \$100 1203 \$360 2203 \$180 1204 \$88 2204 \$44 "Reissue independent claims in excess of 20 1205 \$18 2205 \$9 "Reissue claims in excess of 20 2204 \$180 \$180 \$180 \$180 \$180 \$180 \$180 \$180	•			*		
*** or number previously paid, if greater; For Reissues, see below Large Small Entity Fee Fee Fee Pee Pee Pee Pee Pee Pee Pee		1	•			um Chataman
Large Entity Entity Fee Fee Fee Fee Pee Pee Description 1202 \$50 2202 \$25 1201 \$200 2201 \$100 Independent claims in excess of 30 Independent claims in excess of 30 Multiple dependent claims over original patent 1205 \$18 2205 \$9 ** Reissue independent claims over original patent 1206 \$18 2205 \$9 ** Reissue claims in excess of 20 and over original patent 1207 \$250 2081 \$125.00 For each additional 50 sheets that exceed 100 sheets, including specification and drawings SUBTOTAL (2) \$ 0.00 (Include total of Claims Fees and Size Fee here) SUBMITTED BY 1810 \$790 2810 \$395 For each additional Invention to be examined (37 CFR 1.129(b)) 1811 \$100 1811 \$100 Certificate of Correction 1804 \$300 1504 \$300 Publication fee for early, voluntary, or normal publication/Republication fee Request for Continued Examination (RCE) 1801 \$790 2801 \$395 Charles of Correction 1801 \$, , , , , , , , , , , , , , , , , , ,	1809 \$790 2809 \$395 Filing a submission after final rejection				
1202 \$50 2202 \$25 1201 \$200 2201 \$100 1202 \$360 2203 \$180 1203 \$360 2203 \$180 1204 \$88 2204 \$44 **Reissue independent claims over original patent over original patent over original patent that exceed 100 sheets that exceed 100 sheets that exceed 100 sheets including specification and drawings SUBTOTAL (2) \$ 0.00 (Include total of Claims Fees and Size Fee here) 1801 \$100 1811 \$100 Certificate of Correction 1504 \$300 Publication fee for early, voluntary, or normal publication/Republication fee Request for Continued Examination (RCE) 1801 \$790 2801 \$395 Cher fee (specify) SUBTOTAL (3) Reduced by Basic Filing Fee Paid 1801 \$790 2801 \$395 Cher fee (specify) SUBTOTAL FROM 1 SUBTOTAL FROM 1 SUBTOTAL FROM 2 SUBTOTAL FROM 2 SUBTOTAL FROM 3 S	Large Small Entity Entity	1810 \$79	0 2810 \$395	For each additional	Invention to be	•
1201 \$200 2201 \$100 1203 \$360 2203 \$180 1204 \$88 2204 \$44 1204 \$88 2204 \$44 1205 \$18 2205 \$9 1206 \$18 2205 \$9 1207 \$2081 \$125.00 For each additional 50 sheets that exceed 100 sheets, including specification and drawings SUBTOTAL (2) \$ 0.00 (Include total of Claims Fees and Size Fee here) SUBMITTED BY 1504 \$300 15	and the second second	1811 \$10	0 1811 \$100			
**Reissue claims in excess of 20 and over original patent APPLICATION SIZE FEE **Releasue claims in excess of 20 and over original patent **Resourced so the claims in excess of 20 and over original patent **Reduced by Basic Filing Fee Paid **SUBTOTAL FROM 1 \$ 0.00 **SUBTOTAL FROM 2 \$ 0.00 **SUBTOTAL FROM 3 \$ 60.00 **TOTAL AMOUNT OF PAYMENT \$ 60.00 **(Enter total amount at top of page) **SUBMITTED BY Complete (if applicable) **Printed Name: Samuel L. Borkowsky Reg. No. 42,346	1201 \$200 2201 \$100 Independent claims in excess of 3 Multiple dependent claim, if not paid.	1801 \$79	0 2801 \$395	or normal publication	n/Republicatio	ก fee
APPLICATION SIZE FEE 1081 \$250 2081 \$125.00 For each additional 50 sheets that exceed 100 sheets, including specification and drawings SUBTOTAL FROM 1 \$ 0.00 SUBTOTAL FROM 2 \$ 0.00 SUBTOTAL FROM 3 \$ 60.00 SUBTOTAL FROM 3 \$ 60.00 SUBTOTAL FROM 5 \$ 60.00 SUBTOTAL FROM 5 \$ 60.00 SUBTOTAL FROM 5 \$ 60.00 SUBTOTAL FROM 6 SUBTOTAL FROM 7 \$ 60.00 SUBTOTAL FROM 7 \$ 60.00 SUBTOTAL FROM 8 \$ 60.00 SUBTOTAL FROM 9 \$ 60.00	1205 \$18 2205 \$9 ** Reissue claims in excess of 20 and over original patent		· · · · · · · · · · · · · · · · · · ·	JBTOTAL (3)		\$ 60.00
\$ 125.00 For each additional 50 sheets that exceed 100 sheets, including specification and drawings SUBTOTAL FROM 1 \$ 0.00 SUBTOTAL FROM 2 \$ 0.00 SUBTOTAL FROM 3 \$ 60.00 SUBT		Reduced b		` '		¥•
(Include total of Claims Fees and Size Fee here) SUBMITTED BY Complete (if applicable)	that exceed 100 sheets, including specification and drawings		SUBTOTAL FROM 2 \$ 0.00 SUBTOTAL FROM 3 \$ 60.00			
Printed Name: Samuel L. Borkowsky Reg. No. 42,346	(Include total of Claims Fees and					\$ 60.00
neg. No. 42,346		′			Complete (if applicable)	
	Printed Name: Samuel L. Borkowsky				Reg. No.	42,346
	Signature: Sumul J. Borlane	sk	Date:	August 25, 2005	Telephone	

AUG 2 5 2005

Rev. 06/04/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Benjamin P. Warner et al.

Docket No.: S-94,661

Serial No.:

09/859,701

Examiner:

Deborah A. Davis

Filed

May 16, 2001

Art Unit:

1641

For.

METHOD FOR DETECTING BINDING EVENTS USING

MICRO-X-RAY FLUORESCENCE SPECTROMETRY

Customer No. 35068

Mail Stop Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

RESPONSE

Sir:

In response to the Office Action dated April 25, 2005, please consider the accompanying remarks.

Amendments to the claims begin on page 2 of this paper.

Remarks begin on page 5 of this paper.

Please charge a one-month extension of time to our deposit account.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Date August 25 2005

FACSIMILE

Milature

Samuel L. Borkowsky

(type or print name of person certifying)

08/26/2005 TL0111

00000039 122150

09859701

01 FC:2251

60.00 DA